

**H1N1 Flu
Frequently Asked Questions**

1Q: What test is the Washington State Public Health Laboratories (WAPHL) performing?

1A: WAPHL is now performing the CDC RT-PCR test specific for swine origin Influenza A H1N1 virus. This test does not include human origin Influenza A H1 or H3 virus or Influenza B virus.

2Q: What is the turnaround time?

2A: Turnaround time is 24-36 hours for high priority samples, as determined by Communicable Disease Epidemiology. Turnaround time for lower priority samples will depend on the total number of samples received by the PHL and the number of high priority samples to be tested. Lower priority samples will be resultated as quickly as possible, generally in the order they are received.

3Q: How and when will results be reported?

3A: The submitters and the local health jurisdictions (LHJs) for all specimens that test positive for swine origin influenza A H1N1 virus by RT-PCR will be notified by phone and hard copy report. For high-priority specimens, submitters and LHJs will also be notified of negative and inconclusive results by phone and hard copy report. Negative or inconclusive results for low-priority specimens will be reported out by mailed hard copy report to the submitter and LHJ. The submitters of unsatisfactory samples will be contacted by phone and receive a mailed hard copy report. Please refer to the WA-PHL Advisory for Clinical Laboratories found at <http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/swineflu/sfluresources.htm> for details.

4Q: What types of specimens are acceptable?

4A: Nasal or nasopharyngeal swabs in Viral Transport Medium or Universal Transport Medium are preferred. Nasal washes and throat swabs in Viral Transport Medium are being accepted for testing with this CDC H1N1 assay. Physicians and other healthcare providers are encouraged to collect two swabs. One should be placed in viral transport medium and sent to WAPHL if the second swab tests positive for influenza A by a rapid test. Swabs must have a synthetic tip such as dacron or nylon and a plastic or aluminum shaft. Samples must be shipped on cold packs (NOT WET ICE!) and arrive at the PHL within **72 hours** of collection. Specimens must be properly labeled and have a completed WAPHL virology request form. Unlabeled specimens, those without fully completed request forms, and leaking specimens will be rejected for testing.

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5Q: How should specimens be shipped?

5A: Specimens are classified as Biological Substance, Category B and must be labeled correctly and shipped according to specific regulations. The specimen collection kits provided by the PHL Virology lab meet these regulations. Shipping instructions are included with the kit. The submitter does not have to use the Virology lab kit, but they must ship specimens according to the Biological Substance, Category B regulations. The submitter is the shipper: it is the shipper's responsibility to pack the specimen safely and to label the box correctly to meet shipping regulations. Each sample submitted must have a completed test request form found at

<http://www.doh.wa.gov/EHSPHL/PHL/Forms/SerVirHIV.pdf>

6Q: Is there testing guidance for physicians available from the state?

6A: Updated testing guidance can be found on the website

<http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/swineflu/sfluresources.htm>.

7Q: How do submitters get flu collection kits?

7A: There is a current shortage of kits. Some kits have been sent out to local health departments and major hospital labs. Submitters may request kits from their local health departments. Local health departments and sentinel physicians may request more kits from the WAPHL mailroom at 206-418-5579. These kits will be sent out as time and supplies allow. The laboratory has requested more kits from the CDC supplies. The WAPHL **does not** supply the kits for rapid flu testing.

8Q: Should ALL flu specimens be tested for H1N1 flu?

8A: No. Only specimens that have tested positive for Influenza A by the rapid flu test or some other method should be tested for Influenza A H1N1. See

<http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/swineflu/sflu-testalg.pdf> for testing algorithm.

9Q: Who should a submitter contact before submitting a specimen?

9A: Local health departments and ILINet sentinel physicians may send specimens directly to the PHL. If a submitter is not an ILINet sentinel physician, they need to contact their local health department for approval to send the specimen to the PHL.

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10Q: What should submitters that do their own influenza testing know?

10A: Currently, influenza testing should ONLY be performed in a biosafety cabinet (BSC). Labs that do not have a BSC should not test potential H1N1 flu specimens. If a specimen is influenza A positive, it should be evaluated using the influenza testing algorithm and submitted to the PHL. It is recommended that two swabs should be taken from each patient by any submitter that does its own influenza testing, one for testing by the submitter and one to send to the PHL. The PHL may test leftover material from a specimen that has already been tested, if the specimen meets the criteria in question 3 above. Any processing or testing done to a specimen should be **CLEARLY MARKED** on the accompanying Virology lab slip. Swabs should not be added back into a specimen that has already been processed. Viral cultures are not acceptable specimens. CDC biosafety guidelines for H1N1 influenza virus may be found at:

http://www.cdc.gov/h1n1flu/guidelines_labworkers.htm.

11Q: What form should be included with flu samples?

11A: The Serology/Virology/HIV form should be filled out and included with every specimen. The form can be found on the web at

<http://www.doh.wa.gov/EHSPHL/PHL/Forms/SerVirHIV.pdf>

12Q: Are frozen specimens acceptable?

12A: No. Specimens that arrive frozen or have been previously frozen have not been validated with the rRT-PCR assay. Frozen or previously frozen specimens will be rejected.